MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

930

11287 Reg. Dist. No. 182

	CERTIFICAT	E OF DEATH	Reg. Diat. No.	72
1. PLACE OF DEATH: County	nd give nearest town)	City or town(if outside city obtown	Coucty County	est town)
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME	rry, a	moss	3. (b) Social Security N	lumber
6.(b) Name of husband or wife	give age years stan one day hrs. min.	MEDICA 20. DATE OF DEATH	1947 10 Dae 1 Dec 17 THROMBOSIS	
10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace	c long	Major fiedings of operations		2
Address Bate thereof.	Dec 12/94/ (month) (day) (year)	Actopsy resolts	ernal causes, fill in the following; Date of	tatistically.
18. Funeral director. Address Sum State 19. /d/20 (Datdree'd by registrar) 19. / Datdree'd by registrar)	Pa vd.	23. SIGNATURE Willam Address Forest Lie	a P. Hudso al M. D. o Date signed.	12/18/4



MARGIN RESERVED FOR BINDING

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11280

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Day County County
City or town	A 1 1 1 1 1
How long in above place of dealh?	City or town (If ourside city or town limits, write RUKAL and give nearest town)
Hospital, Instilution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temps White Marriel	20. DATE OF DEATH Dec 3/ 19,44 or 3: am
	21. I CERTIFY that death occurred on the date above stated; that I oftended deceased from
6.(b) Name of husband or wife	Ougest 1 , 19 47 10 Dec 31, 1947
7. Birlh date of	and that I last saw h. E. X. alive on
deceased (mo., day, yr.) RACE. Years Months Days It less than one day	Immediate cause of death Orenic pour DURATION
8. AGE: Years Month's Days It less than one day	1 Lwn
3/1/9/2011	Nahata a 'sa a a wha
8. Birthplace (Town, county, and state)	Due to My Market Caracia 2 400
11/1/0	vascula e nal alstase of you
10. Usual occupation.	Due to
11. Industry or business	2.5.4
12. Name 12. Name	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name 11. Malden name 12. Malden name 12. Malden name 13. Malden nam	Major findings of operations.
15. Birthpiace I don't and the Think	Date of op.
18 Interment of the County	Antanay results
- 2 2 2 Pal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of sine Time (1)	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Rurial exemption or removal, Which?) (Rurial exemption or removal, Which?)	Accident, suicide, or homicide
5	Where did injury occur?
Cemetery or crematory	
Location Daniel Control Control	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of tnjury Injured at work?
91 , 2	(Sharp (of dat hill)
Address 1 mm Address	23. SIGNATURE M. D. or other
19 an 2: 1948 Tromis R. Brown	21,000 1110
(Date rec'd by registrar) Registrar	Address Pate signed



72"

WARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

11288

CERTIFICAT	Reg. Diat. No.
County City or town. (If outside city or town limits, write) URAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME My Ambrose Pr 4. Sex 5. Color or race 8. (a) Single married, w) dowed, or divorced	mstrong 3.(b) Social Security Number MEDICAL CERTIFICATION
M. W. Boulale & Bournesse	20. DATE OF DEATH
6,(b) Name of husband or wife. Will will be a series of the constant of the co	and that I last saw h
11. Industry or business 12. Name	Other conditions Tulvium rful ar (Include pregnancy within 8 months of death) Major findings of operations. Date of OD.
16. Informant Me & Robert acciotrace a Address 665 Co. Belair los abeches	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof Let # 1947 (month) (day) (year) Cemetery or crematory Unitle Chaque	Accident, suicide, or homicide
18. Funeral director. Herry Tarring Y Saus Address. A because md	injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE
19. Vic. 2 19.42 4.7. Lewis M.D.	traplet Havede hope 12/1/42



INK. Supply every item of information carefully. The columns: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

11289

CE	RIFICALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH County County County County County City or town limits, write RURAL and give How long in above place of death? Hospital, institution, or sireel address where dearn occurred: How long in hospitat or institution? 3. (a) FULL NAME Henry M B.	(If outside city or town limits, write RURAL and give nearest town) Sireet No
4. Sex 5. Color or sace 6.(a) Single, married, widowe	
6.(b) Name of husband or wite	and that I last saw horsess alive on
12. Name. Same I Bowler 13. Birthplace Va 14. Maiden name. Sarah E Martin 15. Birthplace Va 16. Intormant. Mrs. H. M. Bowler	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address	

DEC 24 1947

Registrar Address Forest 14

DURATION 2 days

CERTIFIC	CATE OF DEATH Reg. Dist. No. /83
County. City or town. (If outside city or town limits, write RURAL and give nearest town How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State County City or fown Management (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
There is home there .	20. DATE DF DEATH 20 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife French Branscome 7. Birth date of deceased (mo., day, yr.) felt 14 1854	years and that I last saw here alive on Doc 13 19
8. AGE: Years Months Days If less than one day	Immediate cause of death LOBAR PNEUMONIA Zerminating a
9. Birthplace (Town, eounty, and state) . 10. Usual occupation.	Due to.
11. Industry or business 12. Name Delice 13. Birthplace The property of the	Other conditions
14. Malden name Marcey Bowman	Major findings of operations
16. Informant From arlys Quesculery Address Rocks RD. MRC	Antapsy results PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Martin Skurg	Meens of Injury Injured at work?
19 Dec 16 1947 Thomas R. Brown (Date rec'd by registrar) Res	23. SIGNATURE Willard P. Hudson M. D. or other Ristrar Address Forest Hill M. Date signed 124/14

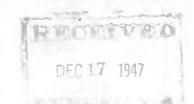
WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

BINDING

FOR

RESERVED

MARGIN



Reg. Dist. No.....

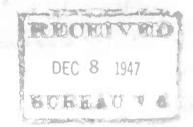
information of death cle Supply ease wr RESERVED

CERTIFICATE OF DEATH Hospilal, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME deceased (mo., day, yr.) Months If less than one day 8. AGE: Days 11. Industry or business 13. Birthplace

2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number RASWELL _MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DURATION (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

WRITE



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

· 6 11292

County C	1. PLACE OF DE		77 0 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Now long in above place of death? Now long in above place of death? Now long in above place of death? Now long in heapital of street address where death occurred: Station Hospital, Army Chemical Ctr, Md.				
Street No. Str	City or town(If	outside city or town l'	EdgeWood imits, write RURAL and give nearest to	*******
Station Hospital, Army Chemical Ctr, Md. Row long in hospital or institution? 4 hours 3. (a) FULL NAME Brawner, Wilburn Wille 4. Sex 5. Color or race White Divorced B. (a) Single, married, widowed, or divorced Divorced B. (b) Hame of husband or wife. Unknown 5. Color or race C. (c) If alive, give age S. (a) Single, married, widowed, or divorced Divorced 20. BATE of DEATM 4 December 15. 47 to 4. December 16. (2) D pm 2 December. 15. 47 to 4. December 16. Op 20 pm 3 December. 15. 47 to 4. December 17. Subarachnoid hemorrhage 8. AGE: Years 18. Information 19. Birthplace Trown, county, and state) 19. Burthplace United States 11. Indownrant 11. Indownrant 12. Information 13. Birthplace United States 14. Malen ame United States 15. Information, or removal. Which) Date thereol. P.C. 1. 1. 1. 2. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	How long in above plac	e of death?		(If outside city or town limits, write RURAL and give nearest town
Row long in hospital or institution? 4 hours 2.(a) If reteran, name war. Morld War II 3. (b) Social Security 3. (c) Full NAME Brawner, Wilburn Wille 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Divorced 8.(b) Name of husband or wife Unknown 8.(c) If allwe, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 32 7 29 hrs. min. 9. Birthplace Kingsburr, Texas Town, county, and state) 10. Usual occupation U.a. S. Army 11. Industry or business 12. Name William C. Brawner 12. Name William C. Brawner 13. Birthplace United States 14. Malden name Mar II 3. (d) Forcing war. Morldwar II 3. (d) Forcing war. Morldwar II 4. December 18. 4.7 20. DATE OF DEATH 4. December 18. 4.7 21. I CERTIFY that death occurred on the date above stated: that I attended de 10; 30 pm 3. December 18. 4.7 21. I CERTIFY that death occurred on the date above stated: that I attended de 10; 30 pm 3. December 18. 4.7 3. AGE: Years Months Days If less than one day Subarachnoid he.morrhage 3. Birthplace United States 4. Malden name Due to 4. Malden name Minch Minch	Station Ho	ospital, Ar	rmy Chemical Ctr. Mc	(If rural, give LOCATION)
3. (a) FULL NAME Brawner, Wilburn Wille 4. Sex Male S. Color or race Mhite Divorced B. (b) Name of husband or wife. Unknown B. (c) If allve, give age years deceased (mo. day, yr.) April 5, 1915 S. AGE: Years Months Days If less than one day 32 7 29 hrs. min. S. Birthplace. Kingsbury, Texas (Town, county, and state) 10. Usuar occupation. U.A. S. ATMY 11. Industry or business T. Birth date of United States William C. Brawner 14. Maiden name. William C. Brawner 15. Birthplace United States William C. Brawner 16. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. 4 December 15. 4.7 21. I CERTIFY that death occurred on the date above stated; that I attended de 10:30 pm 3 December 15. 4.7 to. 4. December 15. 4.7 16. December 15. 4.7 17. Texas United States United States Army Date thereof December 15. 4.7 (month) (day) (year) Cemetery or crematory, Gasta Langer (month) (day) (year) Whare did injury occur? (City or town) Whare did injury occur? (City or town) Whare did injury occur? (City or town)	How long in hospital of	or Institution?	4 hours	2.(a) If veteran, name war. World War II
4. Sex Male White Divorced B.(a) Single, married, widowed, or divorced Divorced B.(b) Name of husband or wife Unknown S.(c) If alive, give age S.(d) If alive, give age S.(d) If alive, give age Immediate cause of death Subarachnoid Inmediate cause of death Subarachnoid		IE		3. (b) Social Security Number
Male White Divorced B.(b) Name of husband or wife. Unknown B.(c) If allwe, give age. years deceased (mo., day, yr.) April 5, 1915 B. AGE: Years Months Days If less than one day 32 7 29 hrs. min. S. Birthplace. Kingsbury, Texas (Town, county, and state) 10. Usual occupation. U.s. S. Army 11. Industry or business 12. Name William C. Brawner 13. Birthplace United States 14. Malden name. United States 15. Birthplace United States 16. Informant Form 66 Address United States Army 17. Transportation Date thereof. Dec. 5. 1947 (month) (day) (year) Cemetery or crematory. Government of the date above stated; that I attended de 10:30 pm 3. December 15. All peace and that I last saw h. im. alive on 4. December 18. All peace and that I last saw h. im. alive on 4. December 18. All peace and that I last saw h. im. alive on 4. December 19. Subarachnoid hemorrhage	4. Sex			MEDICAL CERTIFICATION
8.(b) Name of husband or wife Unknown 6.(c) If alive, give ags years deceased (mo., day, yr.) April 5, 1915 8. AGE: Years Months Days If less than one day 32 7 10 4 December 19 1/2 7 to 4 December 19 1/2	Male	White	Divorced	
8. (c) If allve, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 32 7 29 hrs. min. 9. Birthplace Kingsbury, Texas (Town, county, and state) 10. Usual occupation. U.s. S. Army 11. Industry or business 12. Name. William C. Brawner 13. Birthplace United States 14. Malden name. Dither conditions 15. Birthplace United States 16. (c) If allve, give age years and that I last saw h. ilm allve on 4. December is 4.7. to 4. December and that I last saw h. ilm allve on 4. December is 4.7. to 4.0. to 4.0. to 4.0. to 4.0. to 4.0. to 4		IIn	cnown	20. DATE OF DEATH
1. Birthplace (mo., day, yr.) April 5, 1915 8. AGE: Years Months Days If less than one day 32 7 29 hrs. min. 9. Birthplace Kingsbury, Texas (Town, county, and state) 10. Usual occupation. U.s. S. Army 11. industry or business 12. Name William C. Brawner 13. Birthplace United States 14. Malden name. Dither conditions. Date thereof. Dec. 15. Birthplace United States 15. Birthplace United States Army 17. Transportation Date thereof. Dec. 15. Army 18. Informant Form 66 Address United States Army 19. Usual occupation. U.s. S. Army 10. Usual occupation. U.s. S. Army 11. Industry or business 12. Name William C. Brawner 13. Birthplace United States 14. Malden name. None 15. Birthplace United States 16. Informant Form 66 Address United States Army 17. Transportation Date thereof. Dec. 15. 1047 (month) (day) (year) Cemetery or cremation, or removal. Which?) County)				10:30 pm 3 December 19 47 10 4 December
8. AGE: Years Months Days If less than one day 32 7 29	7. Birth date of	Amost 7		and that I last saw hallye on
9. Birthplace Kingsbury, Texas (Town, county, and state) 10. Usual occupation U.s. S.e. Army 11. industry or business 12. Name William C.e. Brawmer 13. Birthplace United States 14. Maiden name None 15. Birthplace United States 18. Informant Form 66 Address United States Army 17. Transportation (Burial, cremation, or removal, Which?) Cemetery or crematory Gottz Financial Home City or town) (County)		rs Months	Days If less than one day	
10. Usual occupation. 11. industry or business 12. Name	37	2 7	29hrs	
10. Usual occupation. 11. industry or business 12. Name	9. Birthplace	Kingsby	ry, Texas	Due to
11. industry or business 12. Name	100000000000000000000000000000000000000			
12. Name William C. Brawner Diher conditions			· #. #/\	Due to
13. Birthplace			C. Brawner	Biber conditions
14. Malden name	E			
18. Informant Form 66 Address United States Army 17. Transportation (Burial, cremation, or removal, Which?) Cemetery or crematory. Gostz Funeral Home Date of op. Autopsy results. Hemorrhage, acute, cerebe PHYSICIAN: Please underline the cause to which death should be charged acute. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County)	14. Malden name			
Astopsy results. Hemorrhage, acute, cerebe Autores United States Army 17. Transportation (Burial, cremation, or removal, Which?) Cemetery or crematory. Gostz Funeral Home Autopsy results. Hemorrhage, acute, cerebe PHYSICIAN: Please underline the cause to which death should be charge 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide				Major findings of operations
Address United States Army 17. Transportation (Burial, cremation, or removal, Which?) Cemetery or crematory. Goot Z. Flanchall Home PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Date of	1B. Informant	Form 66		Astoney results Hemorrhage acute cerebellar.
17. Transportation (Burial, cremation, or removal, Which?) Cemelery or crematory. Gosta Financial Home Accident, suicide, or homicide	Address	Jnited Stat	tes Army	
Cemetery or crematory. Goetz Fineral Home Where did injury occur? (City or town) (County)	17 Trans	portation	Date thereot DCC . 5 124	Bois of
	(Burial, cremation	or removal. Which?	Funeral Home	
Location Secuin Toxas Injured at home, farm, Industry, public place (where?)				
Stanus de basedoni.				
18. Funeral director Quant K. a. A. C.C.O. S. S. M. S. S. M. Address Abin S. M. M. C. C. S. S. M. Address Abin S. M. C. C. C. S. S. M. Address Abin S. M. C. C. C. S. S. S. M. C. C. C. S. S. M.				January J. Slawcalo LOUIS S. BIANCATO, Capt. MC. M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11293

Reg. Dist. No. 182

County	1.
County Bol and we state Md - County Harton	1
State Va County / Day of	
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	earest town)
Hospital, institution, or street address where death occurred: Street No.	
(if rural, give LOCATION)	
How long In hospital or institution?	
3.(a) FULL NAME Robert Lee Bull	y Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION	
M. W. mouned 20. DATE OF DEATH. December 16 19.	104 M
	accord from
6.(b) Name of hosband or wife. Allel M I Silll 21. I CERTIFY that death occurred on the date above stated; that I attended de	16 . 47
8.(c) If alive, give age years	47
7. Birth date of and that I last saw h	18.7
deceased (mo., day, yr.) 10 76 ~ / 870 Immediate cause of death	DURATION
8. AGE: Years / Months Days If tess than one day Anterior claratic cardio-	
7t min. war alan displace	10m
ni	
9. Birihptace Due to.	****
1 contact	****
1D. Usual occupation	
11. Industry or business	
12. Name Other conditions	
(1. du du du management de	
14. Malden name. The state of t	
Major findings of operations.	
El 15. Birthplace Date of op	000000000000000000000000000000000000000
16. Informant Autopsy results.	
PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
Address 22. VIOLENCE: If death was due to external causes, fill in the following:	
Date thereof.	= = = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0
(Burlal, cremation, or removal. Which;) (month) (day) (year)	
Cemetery or crematory (City or town) (County)	(State)
Location Tours Injured at home, farm, industry, public place (where?)	
Location Moans of Injury Injured at work?	
18. Funerat director. Clarent Z. Culture	
Address Fork me	MD.
12/19 49 P-Forumon (M. I	D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	12/16/4/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1068

11294/5/

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and (ive nearestown) Sirect No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME TNA MABLE 13 URKING 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
8.(b) Name of husband or wife 4 NYSON COURTNEY BULKINS 8.(c) If alive, give age 6.9 years	20. DATE OF DEATH. Dec 28 1947 at 11.145
7. Birthplace (mo., day. yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. A. alive on
11. Industry or business 12. Name Lawrence 13. Birthplace	Due to
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations
Address Berden Bate thereof (month) (app) (year)	Autopsy results
Location State of Boundary Constitution State of Constitution Stat	Where did injury occur?
Address Believeter Telle 9- Registrary 19. Die 79 1947 Tellie 9- Registrary Registrary	23. SIGNATURE SS Jastam M. D. or other Address abudun md Date signed 12/29/47

DEC 31 1947

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19 4 7 .

DURATION

CERTIFICATE OF DEATH

OBKITI IOITI	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	Boon 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 11. Industry or business 12. Name Methods (Name Alberta Lance See Fee Lance See	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DIC 5 19.47 to DEC 19 and that I last saw h. C. alive on DIC 19 Immediate cause of death DURA Caraliae Failure -
14. Maiden name Emma Cluvourf 15. Birthplace Shawwoille Horfud es and 16. Informant Office Geboor	(Include pregnancy within 8 months of death) Major findings of operations
Address Phace Harr 17 Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory Location Location 18. Funeral director Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address cerestaville mid. 19Dev. 13 (Date rec'd by registrar) Registrar Registrar	23. SIGNATURE Stames Thomism. M. D. Got other Address Jerettoville, Ind. Date signed Dec. 11

BINDING FOR RESERVED MARGIN

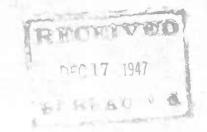
WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINL

WRITE

PLEASE

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A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11296

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No.	arest town)
(If rural, give LOCATION)	***************************************
How long In hospital or Institution?	
3. (a) FULL NAME Clara Virginia Grey 3. (b) Social Security	Number
Female White Wishow 20. DATE OF DEATH DOC. 1847	73A
6.(6) Name of husband or wite. Checker College State State 21. I CERTIFY that death occurred on the date above stated; that I attended dec Society State 1947, to Docc.	15 1947
8. AGE: Years Months Days If less than one day COROMARY OCCLUSION	
9. Birthpiace Money Run Herfulco and Due to. 10. Usual occupation House West	
11. Industry or business 12. Name John F. Dull 13. Birthplace Thomas Result 14. Name John F. Dull 15. Name John F. Dull 16. CAR MYO CAR DIAL DISEAS.	5
13. Birthplace Thornes Read (Include pregnancy within 3 months of death) 14. Maiden name Louisea Hollingsworth (Include pregnancy within 3 months of death) 15. Birthplace Ralto Lety	
Charling B Wall	
Address Address Address Address Action of the cause to which death should be charged the cause the cause to which death should be charged the cause the cau	statistically.
(Burial, eremation, or removal, Which?) Date thereot	***************************************
Cemetery or crematory Central Where did Injury occur? (City or town) (County) Location Forest Walface Imprediat home, farm, Industry, public place (where?)	(State)
18. Funeral offictor Massimus Should Mesns of injury Injured at work? Address and Cavelle Mes	
22 SIGNATURE LINE OF THE PROPERTY OF THE PROPE	12/15/K

Registrar Address Torcest Leve Tro



, N , F

2411 N. Charles St., Baltimore

930

11297

CERTIFICATE OF DEATH

information carefully. Ine correct age of death clearly and legibly.

BINDING

FOR

RESERVED

MARGIN

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

WRITE

PLEASE

VS A15

Reg. Dist. No. 183

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County
How long in hospital or institution?	2.(d) it veteran, name war
3. (a) FULL NAME Charles Melson A A Sor 5. Color or race 6.(a) Single, married, widowed, or divorced	(alland 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Wall eol, fengle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec 22 1947 of 140
8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from Dec. 22, 19.47 on Dec. 22, 19.47 and that I last saw h. i.m. alive on Dec. 44 18.47 Immediate cause of death DU MONDAY COLUMN DURATION 3 WK9
9. Birlhplace Madouna Harford co Zeed (Town, county, and atate) 10. Usual occupation. 11. Industry or business Terror 12. Name Harry Clay Holland 13. Birthplace Balto es Pand	Due to Chronic congestive foilure 2 yrs Due to Hypertensive 5 yrs Carlaiovascular disease Other conditions
14. Maiden name Marthe Evous 15. Birthplace Balts, Co 2nd 16. Informant Mar Clarence Robinson Address Roeles M. A.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal, Which?) Cemetery or crematory Stands ed Federal Hill Location Doctor R.D. 18. Funeral director Mathia Electrical	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
19. Dec. 16 1947 Homas R. Brown (Date rec'd by registrar) Registrar	23. SIGNATURE Charles I had M.D. or other Address Street Md. Date signed 2-22-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

938

11298

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital inefitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants rive residence of mother) State
3. (a) FULL NAME	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced Male While Wisdows	MEDICAL CERTIFICATION 20. DATE OF DEATH. 12 - 20 19.47 21.6:40 P. A.
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-18 19.77 10. 12-23 19.92 and that I last saw h. i alive on 12-23 18.92
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mosths Days If less than one day	and that I last saw halive on /2 - 2 3 18 4 2 Immediate cause ul death
10. Usual occupation	Bue to. Mal no factions Bither conditions Myoca-1. K.s. Chronic
14. Maiden name. 15. Birthplace Charles City 16. Informant Mys. Quarter I furgines game.	(Include pregnancy within 3 months of death) Major findings of operations
Address Carolog. 17. (Burial, cremation, or remover, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address Thank de Organ	Injured at home, farm, Industry, public place (where?)
19 Dec. 22 19 47 G.L. Lewis M. Registrar	R3. SIGNATURE M. D. or other Address. Date signed. 12-23-4



WRITE

PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

15

11299,85-

CERTIFICATE OF DEATH Reg. Dist. No	
PLACE OF DEATH: County. City or town. (If outside city or town limits, with RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County Dury County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2. Gaf 3. Baldware Many (If rural, give LOCATION) 2.(a) If veteran, name war. 1. D. Ve L. Jr. 3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION Dec. 4 77 19 15 50 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace	Due to. Due to. Due to. Differ conditions
13. Birthplace Carsin Ja 15. Birthplace Carsin Ja 16. Informant Ma. Meil B. Jallion	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actorsy results.
Address 12 - Gof 3 Baldura Manor Glanders Med 17 Burial, cremation, or removal. When? Cemetery or crematory. Cemetery or crematory.	PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flil in the following; Accident, suicide, or homicide
18. Funeral director Dancy Tayung Lond: Address 19. Dec. 5-18.47. A.L. Lennis M.D. (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 1 Injured at work? 23. SIGNATURE. M. D. or other Address. Address.



PLEASE WRI

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11300 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantaggive residence of mother).
County Harra	1400 (400)
(If outside city or town limits, write WURAL and give nearest town)	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 420 Freedown St
Harford Wemonial Hospital	(If rural, give LOCATION)
How long In hospital or institution? Q years	2.(a) It veteran, name war
3. (a) FULL NAME	Lecle 3. (b) Social Security Number
Imm Fariens	resile
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. C.	20. DATE OF DEATH December 1 5 19 47 at 4 PM
Edward Leslie	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from May 15 1947 19
7. Birth date of 1.4 Sirth dat	and that I last saw h a alive on Dec (5 L94) 18
deceased (mo., day, yr.) - 3 - 18 9 0	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Chronic glower love but
5-5hrsmin.	+ conserting front failure
Penn.	
9. Birthplace	Due to July 1 To 1 T
/ Name Dutin	- Type Caroners and and
1D. Usual occupation	Due to. and
11. Industry or business	
12. Name Collins of Co	Dther conditions
13. Birthplace	
Emp.	(Include pregnancy within 3 months of death)
14. Maiden name Person. 15. Birthplace Person.	Major fiediogs of operations
El 15. Birthplace	Date of op.
16. Informanta devard Legles	Autopsy results
Address Havre de Grace Md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Q 1 1 10117	22. VIOLENCE: It death was due to external causes, till in the following;
17. Durial (Burial, cremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
the Variety	
Cemetery or crematory.	Where did Injury occur?
Location Javre du Kuare, VIII.	Injured at home, tarm, Industry, public place (where?)
T. Madison Matchell	Meens of injury A injured at work?
18. Funeral director	
Address Stavre de diese Md.	23. SIGNATURE The F Noguera M
Non 11 19 G.L. Lewis m.D.	M. D. or other
19. SIC 4 19 47 4. R. Lewis M. R. (Date rec'd by registrar) Registrar	Address Horpilal - Have de prace pate signed 12/1/47

RECEIVED

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DEC 6 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11301 Reg. Diat. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State md. County Harford
City or fown. (If outside city or town limits, write RURAL and give nearest town)	1 1 is the had
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	KOV AND VO.
V	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edna Catherine MC	ourliney sewis
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20, DATE OF DEATH Docember 7 184) at 94
Combly to Veryal	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(6) Name of husband or wife	Jan 1 1847 10 Dec 7 184/
	and that f last saw 6 2 alive en North 18 4 7
7. Birth date of deceased (mo., day, yr.) aug. 22-1886	
8. AGE: Yeare Months Days If less than one day	Immediate cause of death
6. AGE.	Avenoreme
61 H 13hrsmln.	Cerelino vascurar y vience 2 yrs
8. 6 sthplace (Town, comby, and state)	Due 10
1D. Usual occupation.	
	Due 10
11, Industry or business	
12. Name 2. Ower / Guriney.	Other conditions
10	(Include pregnancy within 8 months of death)
14. Maiden name Mary 13. Singler 15. Birthplace Harfurd on Md	
E Start Late (Md	Major fiediogs of operations.
El 15. Birthplace	Date of op.
18. Informant Mary (Jewis) Willing	Actopsy results
Address Johna ma.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
0 - 11 1 0 0 0 10 10	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Was a a least to the same to the	Where did injury octur?
Cemetery or crematory.	
Location toppa ma	Injured at home, farm, industry, public place (where?)
W. H. archer	Means of Injury Injured at work?
18. Funeral director.	9 ole Palmer MD.
Address Benson, mos	23. SIGNATURE Devull
12/8 47 Princilla Forward	B D 1 - 21 M. D. or other
(Dato recid by registrar)	Address Date signed 2/8/



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) State MARVLAND County HARIFOR D WEST BRANCH RD. How long in above place of death?.... Hospital, institution, or sireet address where death occurred: RUTLEAGE MD How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 2, 1947 al 1:40 P. M FEMALE MARRIED 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.(b) Name of husband or wife EDWARD T MILLIAGIE 19 47 10 1:40 P. 4 Dec 2 19 47 1030 AM Dec. 2 deceased (mo., day, yr.) Years 8. AGE: MASS. 10. Usual occupation HOVSE WIFE 11. industry or business 12 Name THOMAS WALTON NORWAY 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name MARY JANE GRAHAM Major findings of operations IRELAND 15. Birthplace 16. Informant FDWARD T. MILLIDGE PHYSICIAN: Please audarius the cause to which death should be charged statistically. Address WEST BRANCH RD. PUTLEDGE MD. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. BURIAL
(Burial, eremation, or removel. Which?) Accident, suicide, or homicide.. Cemetery or crematory GREEN LAWN CEMETERY Where did injury occur? (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

Registrar

item of i Physic UNE especially PLAINLY PLEASE

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11303

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race S.(a) Single, married (widowed, or divorced	MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20 DATE OF DEATH December 25, 19, 47, 19, 9, 47
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 8. Birthplace (Town, county, and state)	Immediate cause of death DURATION Culture cleurs Due to
10. Usual occupation	Bue to
14. Maiden name. Eligibush. Combany 15. Birthplace Have de Luce 16. Informant. De Sales K. Carbon	(Include pregraincy within 8 months of death) Major findings of operations Date of op.
Address / 6 Regue / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work?
19 Dec. 27 (Date rec'd by refistrar) 19 47 G. X. Lewis M. Registrar	33. SIGNATURE M. D. or other M. D. or other



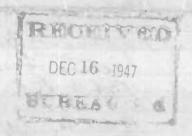


VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	1/200203
City or town	LABBA - PUBBI
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No
k w #40	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. Tust work was
3. (a) FULL NAME	3. (b) Social Security Number
WALTER HOWARD	PIERCE Surfly remote Liter
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	
	20. DATE OF DEATH. DEC. 1947, at 4P. N
8.(b) Name of husband or wife Series 2. Series	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 1.002	and that I last saw halive on
deceased (mo., day, yr.) **COO • /5 / / / / / / / / / / / / / / / / /	Immediate cause of death
50 10 71	Coloury Occurry
7 / / / min.	
9. Birthplace Drudshaw Balto Go Wed	Due to
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business 3+ 0 . C.	
12. Name Jes. Frusa 13. Birthplace Balls & Mid	Other conditions
13. Birthplace 13 alls to Mid	(Include pregnancy within 8 months of death)
# 14. Maiden name Elizabeth Christy	
14. Maiden name Elegabeth Christy 15. Birthplace / La Grad Co Mill	Major findings of operations
24 17 9 70.	Date of op.
16. Informant Mrs. Leve & Tellice	Autopsy results
Address Joseph Maryland	4-
Date thereof Alle 10,199	VIOLENCE: If death was due to external causes, fill in the following:
(Burnal, cremation, of comoval. Which?) (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Levely, Levely, Levely	Where did injury occur?
Location Approx / Mala /	Injured at home, farm, Industry, public place (where?)
(1) Ide on D IT Me Corner 40	Moas of Injury Injured at work?
18. Funeral district.	0 0
Address Wingam / Maryant	22 SIGNATURE Attauree M. D.
house le 1. 4 7 muin mon lo dala	23. SIGNATURE Deputy made up. D frommer
(Date rec'd by registrar) Registrar	Address aberdesn med Date signed 2/6/47



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore

CERTIFICATE OF DEATH

113(15) 82 Reg. Dist. No. 182

ħXI	NOS. DISC. NO. ILLIAMINIA
VLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County // S.C. f.R.C. t City or town EMMORTAL RUNAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Joseph Carson Root	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC 10 1847 of 5 A M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo. day, yr.) May 14-1947	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediai, cause of death
9. Birthplace Ba) to More, Mt (Town, county, and atate) 10. Usual occupation	Due to.
12. Name Carville H. Root Sr 13. Birthplace Baltimore, Mt	Other conditions
14. Maiden name Effice V Hanne 15. Birthplace Blacklick Pa	Major fiedings of operations
16. Interment Mr Carville H Root Gr Address Bel Air, Md	Actopsy results
Burial Cemetery or crematory Mf 31.0 M	Z2. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
Location Fountaid Great	Injured at home, farm, Industry, public place (where?)
Address Belau, Mo	One Laure Mr. A
19. /2/1/ 19.47 P Lonwood Registrar	Address Oberdee Date signed Date signed



Registrar Address

OF DEATH

1. PLACE OF DEATH: County		2411 N. Charles S
County		CERTIFICATE
County City or town. City or town.	/	
City or town. City outside city or town ligita, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Colored Make 4. Sex 5. Color or race 6. (a) Single, married Aidowed, or divorced Male Colored Make 6. (b) Name of husband or wife Flatence Colored Make 6. (c) If alive, give age 5. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace. Crown, county, and style) 10. Usual occupation. Crown, county, and style) 11. Industry or business U. Single married Aidowed. 12. Name. Make Of husband or wife 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Male name Address Aberdee 17. White A. Sex Company Date thereof. Charles Company C	1. PLACE OF DEATH:	4 -
(If outside city or town ingits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME Colored Mouse Colored Mous	County / Vac fo	
How long in above place of death? Hospital, Institution, or street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address where death becurred: Solor or race of the street address and street address of the street addres	City or town Rear albe	
How long in hospital or institution? 3. (a) FULL NAME **Color or race 6.(a) Single, married hidowed, or divorced **Male Colored Married hidowed, or divorced **Male Colored Married hidowed, or divorced **T. Birth date of deceased (mo., day, yr.) Lune 5, /8 98 8. AGE: Years Months Days If less than one day H 9 6 hrs. min. **S. Birthplace Colored Married hidowed, or divorced **T. Birth date of deceased (mo., day, yr.) Lune 5, /8 98 10. Usual occupation Cay Cay	4	tte RURAL and give hearest town)
How long In hospital or institution? 3. (a) FULL NAME Colored Markey Birthplace 5. (c) Name of husband or wife Florence Christy 6. (b) Name of husband or wife Florence Christy 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Aberdeen Harford Co., man. 10. Usual occupation. 11. Industry or business 4. Storence Christy 12. Name Place Aberdeen Ma. 13. Birthplace Aberdeen Ma. 14. Maiden name Again Storence Christy 15. Birthplace 16. Informant Man Florence Presbury Address Aberdeen Ma. 17. Aurea Balendeen Ma. 18. Informant Man Florence Presbury Address Aberdeen Ma. 18. Informant Man Florence Presbury Address Aberdeen Ma. 17. Aurea Balendeen Ma. 18. Informant Man Florence Presbury Address Aberdeen Ma. 18. Informant Man Florence Presbury Address Aberdeen Ma. 19. Cemetery or orematory Malendeen Man (month) (day) (year) Cemetery or orematory Malendeen Malendeen Man (month) (day) (year)	How long in above place of death?	urred:
3. (a) FULL NAME Warren Coinfeeld Pres 5. Color or race 6. (a) Single, married Midowed, or divorced Male Colored Moured 6. (b) Name of husband or wife Florence Christy 7. Birth date of deceased (mo., day, yr.) 4 9 6		5
3. (a) FULL NAME Warren Coinfeeld Pres 5. Color or race 6. (a) Single, married Midowed, or divorced Male Colored Moured 6. (b) Name of husband or wife Florence Christy 7. Birth date of deceased (mo., day, yr.) 4 9 6	New loos to benefit or institution?	1
Warken Binfeeld Colored Male Colored Marced 5, Color or race 6.(a) Single, married widowed, or divorced Male Colored Marced 5, (b) Name of husband or wife Februare Christia 6, (c) If alive, give age, 5, 4, years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 9 6 hrs. min. 9. Birthplace Aberden Harbard Co. Male (Town, county, and stafe) 10. Usual occupation Carlo Colored 11. Industry or business U. Signification of the stafe of the s		
4. Sex 5. Color or race 6.(a) Single, married Midowed, or divorced Male Coloced Macuel 6.(b) Name of husband or wife Selective Clivisty 6.(c) If alive, give age 5. 4 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 10. Usual occupation 11. Industry or business 12. Name 12. Name 14. Maiden name 15. Birthplace 16. Informant Macuel Madress Address Address Address Address Address Date thereof (month) (day) (year) Cemetery or orematory Cemetery or orematory Macuel Color or race 6.(a) Single, married Midowed, or divorced Married Midowed, or divorced Married Midowed, or divorced Macuel 18. AGE: Vears Months Days If less than one day If le	.//	1. D. 1. D
Male. Coloced Macced 5.(b) Name of bushand or wife. Feloreuse Christy 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 9 6 hrs. min. 9. Birthplace. Cherdeen Harford Co., Male (Town, county, and stafe) 10. Usual occupation. Day Cabourusest O.P. H. 11. Industry or business U. Storenseed Male (Town, county), and stafe) 12. Name. Melson Presbuces 13. Birthplace Aberdeen Md 14. Maiden name. Male Storenseed 15. Birthplace 16. Informant. Mus. Florensee Presbuces 17. Address Aberdeen Md 18. Informant Mus. Florensee Presbuces 19. Information Presbuces 19. Information Presbuces 19. Informat	Varien	Benfeeld Okes
5.(b) Name of husband or wife Selacence Cheristy 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 9 6 hrs. min. 9. Birthplace Cherdeen Handord Co. Med 10. Usual occupation. Day Laborated 11. Industry or business U - Stovernment O.P. H 12. Name Nelson Presbury 13. Birthplace Cherdeen Ma 14. Maiden name Cherdeen Ma 15. Birthplace 16. Informant Ma Island Presbury 17. Birthplace 18. Informant Ma Island Presbury 19. Birthplace 19. Informant Man Island Presbury 10. Usual occupation. Date thereof. (month) (day) (year) 11. Cemetery or overmatory.		Single, married widowed, or divorced
6.(b) Name of husband or wife Selectures Christian 5.(c) If alive, give age 5. 4. years 6.(c) If alive, give age 5. 4. years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 9 6	male Colored	maccied.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day H 9 6 hrs. min. 9. Birthplace	L	11 4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 9 6 hrs. min. 9. Birthplace	6.(b) Name of husband or wife.	el many
8. AGE: Years Months Days If less than one day 4 9 6 hrs. min. 9. Birthplace	***************************************	
8. AGE: Years Months Days If less than one day 49 6 hrs. min. 9. Birthplace Aberdeen Hawford Co. Med (Town, county, and state) 10. Usual occupation Day above 11. Industry or business U. However the state of the state	7. Birth date of	1898
9. Birthplace Aberdeev Harford Co. Mes (Town. county, and state) 10. Usual occupation Carl Laborev 11. Industry or business U-Storeveuet O.P. L 12. Name Melson Presburg 13. Birthplace Oberdeev Ma 14. Maiden name Storeve 15. Birthplace 16. Informant Mu. Islouwer Presburg Address Storeveue Ma. 17. Quital Carlow Maiden Date thereof (month) (day) (year) Cemetery or overmatory Mylich?) Cemetery or overmatory Calvary		If less than one day
8. Birthplace		hrs min
10. Usual occupation		0 10
10. Usual occupation	9. Birthplace Oberdeen 14	actors co. Iks
11. Industry or business U. Stopernueeut O.C. & 12. Name	() - () ()	
12. Name	III II SUA DECUBATION	
12. Name	11. Industry or business U. O. Dover	rugut U.V. D
14. Maiden name Augu Brooks 15. Birthplace 16. Informant Mu Islander Presbury Address Aberdueu, Md. 17. Durial Date thereof Pel. 31, 1947 (Burial, cremation, or removal, Which?) Cemetery or overmatory Calvary	# 12. Name nelsow Or	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
14. Maiden name Augu Brooks 15. Birthplace 16. Informant Mu Islander Presbury Address Aberdueu, Md. 17. Durial Date thereof Pel. 31, 1947 (Burial, cremation, or removal, Which?) Cemetery or overmatory Calvary	3 13, Birthplace above decen	ma.
16. Informant Mrs. Islands Presbury Address Aberdueu Md. 17. Burial Date thereof Date 31, 1947 (Burial, cremation, or removal. Which?) Cemetery or overmatory Market Calvary	E Line Br	voks
16. Informant Mrs. Islands Presbury Address Aberdeen Md. 17. Burial Date thereof Pale 31, 1947 (Burial, cremation, or removal. Which?) Cemetery or overmatory Market Calvary	14. maiden name	l l
Address Aberdeen Md. 17. Wirel Bate thereof Pst. 31 1947 (Burial, cremation, or removal. Which?) Cemetery or overmatory Mt Calvary	To, britigian	0 1
Address 17. Durial (Burial, cremation, or removal. Which?) Cemetery or overmatory Calvary	16. Informant Mus. In tolerice	· Okesbury
(Burial, cremation, or removal, Which?) Cemetery or every constant Calvacy Calvacy	Address Alex diese	md.
Cemetery or eventury (Burial, crematory (Burial, crematory) (Calvacus)		0 4 10 4 2
Cemetery of orematory Mt Calvacy	(Burial, cremation, or removal, Which?)	(month) (day) (year)
temetery of eventury	VILT (IA)	
	Means Obe	2 1 20011

City or town Use Clear Course	ful Road
2.(a) 11 veteran, name war.	
here	3. (b) Social Security Number
/ 0	RTIFICATION 8 , 1947 at 2:30
21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that death occurred on the date about 21. I CERTIFY that	14 10 Dac 28 19 4
mmediate cause of death	OURATION
ue 10 Lite Q Line	
ue to arterio sela	
ther conditions (Include pregnancy within 3 n	ontha of death)
lajor findings of operations.	
HYSICIAN: Please anderline the cause to wh	ich death should he charged statistically.
2. VIOLENCE: If death was due to external cau	
coldent, suicide, or homicide	Date of
fhere did injury occur?(City or town)	(County) (State)
njured at home, farm, Industry, public place (wh	ere?)

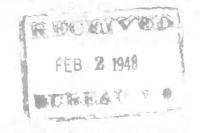
MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The corrant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

19. Date rec'd by registrar)

PLEASE



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Nog. Dist. 110. and franciscon
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County	m 1/2/1
Cily or town(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	(11 ootside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where down occurred:	Street No. 709 Theffers alley
	(Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cose Cumsey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverged	MEDICAL CERTIFICATION
Timale Negro Widow	20. DATE OF DEATH 2000 1947, at 5-30 m
6.(b) Name of busband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	(12) 15 19 4/, 10 Draf 194/
7. Birth date of	and that I last saw have allive on the same of the sam
deceased (mo., day, yr.) ///ay 26 - 1903	Immediate entry of death
8. AGE: Years Months Days If less than one day	Careina
44 6 19min.	
all Gladenal	
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation.	
11. Industry or business	Due 10
	•••••••••••••••••••••••••••••••••••••••
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name	
14. Malden name	Major findings of operations.
Lancia Planki	
16. Informant	Antopsy results
Address 70 9 7 Happens Welley	
17 Served Bate thereof 12/11/47	22. VIOLENCE: If death was due to exteroal causes, fill in the following:
(Burial, cremation, or removal, Which) Date thereof (mooth) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory	Where did lojury occur?
Location 2 to account of the control	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Have de Blace Ma.	23. SIGNATURE hacks & John ho
19. Dec. 10 19 47 A.L. Lewis M.	(A. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 22



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 20

11397

CERTIFICATE OF DEATH

er. Dist. No. 182

CERTIFICAT	Reg. Dist. No. / V
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME George T. Sherman	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH December 5 19.47 47:35 A.
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Suly 5
9. Birthplace	Due to Due to Dither conditions
14. Malden name E) 13. Birthplace 15. Birthplace 16. Intermant Mrs Mary K Sharman	(Include pregnancy within 8 months of death) Major fieldings of operations. Date of op.
Address Bel Air, Md R D 2 Box 6 8 17. Burial Cremation, or removal. Which?) Cemetery or crematory. M f 3 (A) Location. Four A factor A Grand A Gra	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE Wellard P. Hudom Address Forest Hele me Date signed 12/5/4/7

DEC 10 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Fredt age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Whospital or institution? 3. (a) FULL NAME 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infinits give residence of mother) State State City or lown (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	
City or town	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	
tow long in above place of death? The street address where death occurred: The street No. 200	
How long In hospital or Institution? Street No. 200 So, Cunson The (tf rural, give LOCATION) 2.(a) Hi veteran, name war 3. (b) Social Security Charles Bartal Silver 3. (b) Social Security	
How long In hospital or Institution? 2.(a) It veteran, name war 3. (b) Social Security Charles Bartal Silver 3. (b) Social Security	
How long In hospital or Institution? 3. (a) FULL NAME Charles Bartal Silver 3. (b) Social Secur	
3. (a) FULL NAME Charles Bartol Silver 3. (b) Social Secur	
Charles Barlol Dilrer	
1.5 Calay as social 1.6 (a) Single married widowed as disposed	rity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Male White Married 20. DATE OF DEATH Dec. 2/ 19 4	4) a 5-A.
6.(b) Name of husband or wife Taancina C. Halking 21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
	19.
7. Birth date of Am 1 3 , O. 4.7 and that I last saw h	19 19
deceased (mo., day, yr.) / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /	DURATION
8. AGE: Years Months Days If less than one day	
80 / 4	
Proil Comd.	ノ
9. Birthplace Due to Due to	*******
10. Usual occupation Canner Susurante Nanling	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Due to.	********
11. industry or business 1	*******
12. Name Slary 73 Sure Bither conditions Appelence and Scherter	
14. Maiden name Charlotte Catherine Hyghes 15. Birthplace Major findings of operations. Date of on	
Major findings of operations.	
∑ 15. Birthplace	
16. Informant 7/ha. Fannis N. Silver Actors results.	
Mash. d. Ghass Mrs. PHYSICIAN: Please underline the cause to which death should be char	rged atatistically.
Address 22. VIOLENCE: It death was due to external causes, till in the following:	
11. Date thereot (month) (day) (year) Accident, suicide, or homicide. Date of	
Where did Injury occur?	
Cemetery or crematory (City or town) (County)	(State)
Location Avelogo Co. Md. Injured at home, tarm, Industry, public place (where?)	
R. Maderian Met. Lell Means of Injury Injured at work?	0.
18. Funeral director	V D
Address Have de Shall Md.	(ce. 1)
	D, or other
Date rec'd by registrar Address Date sig	ned /2-23-3

DEC 26 1947

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UNFADING INK. Supply every item of information carefully. The corn ant. Physicians: please write the causes of death clearly and legibly. BINDING FOR MARGIN RESERVED

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

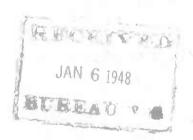
2411 N. Charles St., Baltimore

195d

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	4 LLWORTH 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMPLE COLORO SINCLE	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC. 31 19.47, 21.8.30 %
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 2 //hrsmin.	Immediate cause of death
9. Birthplace HANFOND — HANFE LE TACE MD (Town, county, and state) 10. Usual occupation	Due to.
12. Name HOWARD STALLWORTH 13. Birthplace GULFPORT MISS. 14. Maiden name KATTLE M. BROWN 15. Birthplace ASHVILLE N.C. 16. Informant HOWARD STALLWORTH	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 23 FEN WAY ABERDEEN MD. 17. BURITAL (Burial, cremation, or removal, Which?) Cemetery or crematory UNIAN METHODIST	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. ACCIONAL Date of 2/3/47 Where did injury occur? ABERNEE (City or town) (County) (State)
19. Funeral director. Classes & Ballock 19. Adress & 56 Lewis St. Harby & Hacelle 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Injured at home, farm, industry, public place (where?)



WITH UNFADING INK. Supply every item of information carefully. The confect a important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

	208. 210. 110
1. PLACE OF DEATH: Nan And	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	11 1 4
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Hospital	Street No. /3/ H. Washington St
How long In hospital or institution? 4 hours	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
allut Lasold.	Mampaon:
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. Dec. 20 19 47 at 5 20 M
8.(b) Name of husband or wife JDA F. Thompson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 11-24-1878	and that I last saw h. Camalive on
deceased (mo., day, yr.) /1 - 2 7 - /8 / 8. AGE: Years Months Days If less than one day	Immediate cause of death
6 9 / 6min.	Caronary heart diseas
9. Birthplace I farford Co. Md.	Due to.
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry of business	
12. Name Charles 4. Throngson 13. Birtholace Mid.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name willy 6. Baker 15. Birthptace Md.	Major findings of operations.
Ma Ida 7 Thrankson	
Address /3) No. Washing Joh St. Cets.	Actopsy results
Address 131 14. Washing John St. Coly.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory angelful Cem:	Where did injury occur?
Location Heuride Grase, Md.	Injured at home, farm, ladustry, public place (where?)
18. Funeral director It Maduga Muschell	Means of Injury Injured at work?
Address Havredo Grace Myd.	23 SIGNATURE John & Noguera as
Man, 2 (Date rec'd by registrar) 19. 48. 4. Leucio M. D. Registrar	Address Hospital - Have de Gace Date signed 12 30 /47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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CLIKITITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Model County Taxford City or town (If outside edgs or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jolen Waltman	3. (b) Social Security Number
4. Sex (/ 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Male Volule Married	20. DATE OF DEATH. Dec 1 3 19 47 at / 0 . 1 4.3 . 6
JU. I A W.	
5 (b) Name of husbander wife I concale U. (CIV)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jene 1941 10 Wec 194
6.(c) It alive, give age 7.3 years	
7 Dieth date of	and that I last saw h. A.A. alive on
deceased (mo., day, yr.) June 18, 1863	
8. AGE: Years Months Days It less than one day	Immediate cause of death
0. 7.02.	
84 3hrsmin.	active deratic CV Nesco 5 44
9. Birthplace	Due to
(Town, county, and state)	
* Edge comme top slay d'a hel	
10.	Due to
11. Industry or business (Att. Larence)	
11. Industry of pusiness	
12. Name Colin Walturan	Other conditions Cereta al Hemman age 142
13. Birthplace Thatford Co. Mis	(Include pregnancy within 3 months of death)
E Muis Muiss	(Include pregnancy within 5 months of death)
E 14. Maiden name (MA)	Major findings of operations
14. Maiden name annie Myses 15. Birthplace Harford to md	Data at an
A0 U.11. '01	Date of op
18. Interment Clarence J. Waltman	Autopsy results
B.10: 201 001	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Weller Mo. OFF.	as area whom to be the form of the same and the followings
(Rusia) E)00 1/2 1947	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Oate thereot. C. (447) (Infonth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetary & Kindly - Alleran	Where did injury occur?
1 1 mil	
Location	Injured at home, farm, Industry, public place (where?)
You was Taken as a	Maans of Injury Injured at work?
18. Funeral director. Vencus Jacunes 7 voces	
net de tout	1 P = 10 h (6 4 .)
Address Wetalew / Ma	Malk Holy In W
2/2 111 112 200 2 20 1 1	23. SIGNATURE M. B. or other
19. alla 14 maritar 19 17 Marie M. M. Mariatar	Shanchorle Med (4) ac 13
(Date rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

11313 Reg. Dist. No. 182

County	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Benjamin Franklin	Webster 3. (b) Social Security Number
4. Sox 5. Color or race S.(a) Single, married, widowed, or divorced widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 11, 1947, at 9 P. M
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. Birthplace Analytork, Harford Co. Md. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Analytory of business 17. Name. 18. Augustry or business 19. Name. 10. Name. 11. Name. 11. Name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Analytory of business 17. Sinthplace 18. Analytory of business 19. Name. 10. Name. 11. Name. 11. Name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. On the sinth s	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
16. Informant Mrs. Harldw Pyle Jr., Address Frest-Hell M.	Antapsy results
17. Burial (Burial, cremation, or removal, Which?) Date Ihereof Date, 14, 1947. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or evenuelosy Comony	Where did injury occur? (City or town) (County) (State)
Location Street M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Martin G. Kurtz., Address Jarrettsville m. L.	Msans of Injury Injured at work? 23. SIGNATURE M. D. or othey / A
19. 12/ Date facilities 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Bellen Med Date signed 12/63/4/

DEC 17 1947

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MARGIN RESERVED FOR BINDING

VS A15

19. Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH Reg. Dist. No. 186-
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced when when the second of the secon	MEDICAL CERTIFICATION 20. DATE OF DEATH December 17 19 47 21 8 A
5, (b) Name of husband or wife 5, (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) December 16 47 at 12 PM	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day	Due to.
10. Usual occupation 11. Industry or business 12. Name Markey D. Wilmalk	Other conditions
14. Maiden name Margaret G. Shatger 15. Birthplace Par 16. Informant Mathew D. Wilmith	(Include pregnancy within 3 months of death) Major findings of operations
Address Bailedge March Base March 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Carrellos y Don. Address I form de Marce Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18 Dec. 18 18 42 G.L. Lewis m. L	23. SIGNATURE M. D. or other,



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME RBlanche Wilson	3. (b) Social Security Number		
4. Set 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of hueband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.3.9 to 19.6.7 and that I last saw h		
8. AGE: Years Months Days If less than one day 67	Due to Augustemin		
10. Usual occupation	Due to.		
12. Name Harry W. J. Son 13. Birthplace Md	Other conditions		
14. Malden name Priscilla G Lice 15. Birthplace Md	Major findings of operations		
16. Informant Miss ANNA Wilson Address Bed Air, Md	Autopsy results		
17. Bar 12. (Burial, cremation, or removal, Which?) Date thereot. Dec. 17. (42) (month) (day) (year)	22. VIOLENCE: It death was due to external causee, till in the tollowing: Accident, suicide, or homicide		
Location Chareh Ville, M.S.	Where did injury occur?		
18. Funeral director. D. J. Anter. Address Belan Jud	Meane of Injury Injured at work? 23. SIGNATURE 331 422 2		
19. 12/16 49 Forwoods	Address Bellin Tord Bate element (246/4)		

DEC 19 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11316

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
City or town	City or town Caraca (If outside city or town limits, write RURAL and give nearest town) Street No. Caraca Cara R.D. #2 (If rurs!, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Elizabeth Winterling	3. (b) Social Security Number Move		
Female White Wedowed or divorced Female White Wedowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH		
6.(b) Name of husband or wife Deorge Winterling 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
8. AGE: Years Months Days If less than one day	acut sulmany oding		
9. Birthplace	Due to. arterir - a clarke C.V Dusay 15- yrs		
11. Industry or business 12. Name William Vogler 13. Birthplace Demany	Dther conditions.		
14. Maiden name. Ca Cherine Bechtold 15. Birthplace Dennany.	(Include pregnancy within 8 months of death) Major findings al operations.		
18. Informant Ca Charine Me Bride - daughter Address When deen RD # 2 mg	Antepsy results		
17. Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Sebwartz Location Baltimory, NJ.	Where did injury occur?		
18. Funeral director Cellrith Finnesal House	Means of injury Injured at work?		
19. (Date rec'd by registrary) 19. (Date rec'd by registrary) Registrary	23. SIGNATURE . Call Holy W. D. or other Address Churchwelle M. g. Date signed be 12 &		

MARYLAND	STATE	DEPARTMENT	OF	HEALT
ITLES IN LIVERING	0 0 1 1		4.71	111111111111111111111111111111111111111

2411 N. Charles St., Baltimore

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/	Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
mis Lucy Yeing.	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Yerrole Col Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. DEC 3.0 19.47 21.8 A. M	
8.(6) Name of husband or wife Donel Mosey State of S.(c) If give, give age 9 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 to 20.19.47 and that I last saw h. 20 alive on 20 20 18.47	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one dayhrsmin.	Immediais cause of death OURATION Cancer of Corvix not Known Lights?	
9. Birthplace (Town county, and state) 10. Usual occupation	Due to	
12. Name 12 en Control 13. Birthplace	Other conditions	
14. Maiden name Comment of the Comme	Major findings of operations.	
Address 17	Autopsy results	
Cometery or crematory. Competery Doon Control	Where did Injury occur?	
18. Funeral directorSeven bridge, Tal.	Means of injury Injured at work? 23. SIGNATURE. Jed O Hodous M.D. or other	
19. (Date see'd by registrar) 1947 Towood Registrar	Address Edgeword 2nd Date signed 12-30-4	

